

**Tickets Provided by  
Agency Report**

**A Public Document**

TICKETS PROVIDED BY  
AGENCY REPORT

<b>1. Agency Name</b> City of Fresno		Date Stamp	<b>California Form 802</b> For Official Use Only
Division, Department, or Region (if applicable) Facilities & Major Projects Division			
Street Address 2101 G Street, Bldg. A, Fresno, CA 93706			
Area Code/Phone Number 559-621-1487	E-mail facilitiesmgmt@fresno.gov	<input type="checkbox"/> Amendment (Must explain in Part 5.)  Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Melodee Schwamb, Management Analyst III			

**2. Event For Which Tickets Were Distributed**

Date(s) of Event: 04 / 20 / 10 Description of Event: Fresno Grizzlies Baseball Skybox Tickets  
\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_ Face Value of Ticket: \$ 376.00

Agency Event ☐ Yes ☒ No (Identify source of tickets below.)  
Name of Outside Source of Ticket(s) Provided to Agency: Fresno Baseball, LLC  
Number of Tickets Received: 2 Ticket(s) Provided to Agency: ☐ Gratuitously ☒ Pursuant to Contract

**3. Agency Official(s) Receiving Ticket(s)** (use a continuation sheet for additional names)

Name of Official (Last, First)	Number of Tickets	State Whether the Distribution is Income to the Official or Describe the Public Purpose for the Distribution

**4. Individual or Organization Receiving Ticket(s)** (Provided at the behest of an agency official.)

Name of Behesting Agency Official: Bruce Rudd, Interim City Manager

Name of Individual or Organization: Jackie Larkin Number of Tickets: 2

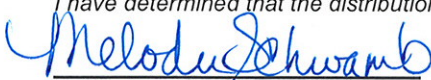
Description of Organization: City of Fresno Employee of the Quarter - Summer 2009

Address of Organization: 2600 Fresno Street, Fresno, CA 93721  
Number and Street City State Zip Code

Purpose for Distribution: (Describe the public purpose for the distribution to the organization.)  
Recognition for meritorious services by City employees to promote enhanced performance or morale

**5. Verification**

I have determined that the distribution of tickets set forth above is in accordance with the provisions of FPPC Regulation 18944.1.

  
Signature of Agency Head or Designee

Melodee Schwamb  
Print Name

Management Analyst III  
Title

04/02/2010  
(month, day, year)

Comment: (Use this space or an attachment for any additional information including amendment explanation.)